

PLUMBING APPLICATION

Maine DHHS/CDC – Division of Environmental & Community Health

PROPERTY ADDRESS			ISSUING MUNICIPAL OFFICE		
City, Town, or Plantation	Lamoine		Town/City	Lamoine	
Street/Subdivision Lot #	27 Seaview way		Permit #	1935	Total Fee \$ 360
PROPERTY OWNER INFORMATION			Date Issued	12/11/18	Double Fee <input checked="" type="checkbox"/>
Name (Last, First)	Onorato - George				
Applicant Name (Last, First)	Flood Bruce Jr.		Local Plumbing Inspector Signature	MS90010028	
OWNER/APPLICANT MAILING ADDRESS			FEES	State \$	Local \$
Street	112 Ocean Rd		LOCATION	Map # 16	Lot # 19-2
City	Munville Me		Internal plumbing fixtures and piping may not be installed until a permit is issued by the Local Plumbing Inspector. The permit authorizes the owner or installer to install the plumbing system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.		
State	Me	Zip Code 04605			
OWNER/APPLICANT STATEMENT			CAUTION: INSPECTION REQUIRED		
I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector(s) to deny a permit.			I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.		
Signature of Owner/Applicant		Date	LPI Signature		Date (Rough-In)
Copy: Property Owner <input type="checkbox"/>		Town <input type="checkbox"/>	State <input checked="" type="checkbox"/>		Date (Final)

PERMIT INFORMATION			
This application is for:		Type of structure to be served:	
New Plumbing <input checked="" type="checkbox"/>		Single Family Residence <input checked="" type="checkbox"/>	
Relocated Plumbing <input type="checkbox"/>		Modular or Mobile Home <input type="checkbox"/>	
		Multiple Family Dwelling <input type="checkbox"/>	
		Other (specify below) <input type="checkbox"/>	
		Plumbing to be installed by:	
		Master Plumber <input checked="" type="checkbox"/>	License # MS90010028
		Oil Burner Installer <input type="checkbox"/>	License #
		Mfd. Housing Rep. <input type="checkbox"/>	License #
		Public Utility Rep. <input type="checkbox"/>	License #
		Property Owner <input type="checkbox"/>	

Column 1 – Hook-Up & Relocation	Column 2 – Fixtures	Column 3 – Fixtures	State of Maine Department of Health and Human Services/ Center for Disease Control and Prevention Environmental & Community Health – Subsurface Wastewater 286 Water Street State House Station 11 Augusta, ME 04333 207-287-2070 HHE-211 Revised 7/24/2018
Maximum 1 Hook-Up	Type of Fixture	Qty	
Hook-Up (a) <input type="checkbox"/>	Hosebib/Sillcock	2	
Hook-up to public sewer in those cases where the connection is not regulated and inspected by the local sanitary district.	Floor Drain		
	Urinal		
	Drinking Fountain	1	
Hook-Up (b) <input checked="" type="checkbox"/>	Indirect Waste	1	
Hook-up to an existing subsurface wastewater disposal system.	Treatment Softener, Filter, etc.		
	Grease/Oil Separator		
	Roof Drain		
Piping Relocation <input type="checkbox"/>	Bidet		
Relocation of sanitary lines, drains, and piping without new fixtures.	Other:		

Total Column 1	0	+	Total Column 2	0	+	Total Column 3	0	=	Enter Total Fixtures / Hook-Ups Below
Total Fixtures / Hook-Ups 0 18									
Per-Fixture Fee \$ 10									
TOTAL PERMIT FEE \$ 180									

PERMIT TRANSFER ONLY ☐ \$10.00